POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	beth	60245	1-14-98
O.I.P.E. CLASSIFIER	62		51-16-52
FORMALITY REVIEW	117.D.	((31))	5120178

INDEX OF CLAIMS					
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50 1/1/1	100	149			
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If more than 150 claims or 10 actions					

If more than 150 claims of the AVAILABLE COPY

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